

STATE OF MONTANA

ARTICLES of ORGANIZATION for
DOMESTIC LIMITED LIABILITY COMPANY

MAIL: **LINDA McCULLOCH**
Secretary of State
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Prepare, sign, and submit with an original signature and filing fee.

This is the minimum information required.

(This space for use by the Secretary of State only)

Filing Fee: \$70.00

☐ 24 Hour Priority Filing Add \$20.00

☐ 1 Hour Expedite Filing Add \$100.00

Executed by the undersigned for the purpose of forming a Montana Limited Liability Company.

PLEASE CHECK ONE BOX:

☐ Limited Liability Company ☐ Professional Limited Liability Company

1. The name of the limited liability company: _____
(Must contain "limited liability company", "limited company" or if Professional, "professional limited liability company", or an abbreviation)
2. The name and address of its registered office/agent in Montana:

Name: _____

Street Address: _____

City: _____, MT Zip Code: _____

Signature of Registered Agent (Required): _____

3. The address of its principal place of business in Montana:

Street Address: _____

City: _____, MT Zip Code: _____

4. (Check one) ☐ Term ☐ At Will

If Term, the latest date on which the LLC is to dissolve: _____

5. The LLC will be managed by (check one) a ☐ Manager or by its ☐ Members

6. The names of the Managers or Members and street addresses are:

7. If one or more members of the company are liable for the LLC's debts and obligations under [35-8-304\(3\), MCA](#), please provide a list of liable members and attach written consents of each.

8. If a Professional Limited Liability Company, the services to be provided:

9. Signature of Organizer

Date (Mo/Day/Year)

Printed Name and Title

HELP SHEET: Articles of Organization for Domestic Limited Liability Company

ITEM 1

The business name of a limited liability company must contain the words or an abbreviation of "limited liability company", "limited company", or if Professional, "professional limited liability company". ([35-8-103, MCA](#))

ITEM 7

A professional limited liability company may be formed for the purpose of rendering professional services with limited liability status. ([35-8-1301, MCA](#))

For a professional limited liability company, at least half of the managers must be qualified persons with respect to the limited liability company. ([35-8-1303, MCA](#))

ANNUAL REPORTS

Annual reports must be filed with the Secretary of State prior to April 15 each year. The Secretary of State will mail the report to the limited liability company's registered agent during the month of January, beginning the year following organization and each January thereafter.

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.